

# Application for Food Safety Program

## Food Act 2006

You must complete all questions unless the form indicates otherwise. Incomplete forms or forms without all necessary information and documentation will result in your application being an improperly made application.

Please:

- complete the form and return to Council; and
- provide any mandatory supporting information identified on the application form; and
- submit the applicable fee

☐ **Accreditation of Food Safety Program**

With external auditor advice  
(complete sections 1, 2, 3 & 7)

☐ **Amendment to Food Safety Program (Minor)**

eg. business name change, change to contact details, etc  
(complete sections 1, 2, 5 & 7)

☐ **Amendment to Food Safety Program (Major)**

Eg. changes resulting from new, changed or modifies food operations and/or documentation  
(complete sections 1, 2, 5 & 7)

☐ **Request for Non-conformance Audit**  
(complete sections 1, 2, 4 & 7)

☐ **Request for Audit by Council Auditor**  
(complete sections 1, 2, 4 & 7)

☐ **Notification of Audit Report by External Auditor**  
(complete section 1, 2, 6 & 7)

To: Chief Executive Officer, Douglas Shire Council

### 1. APPLICANT DETAILS

**Note:** The applicant is the person who will hold the permit and will be legally responsible for complying with the applicable conditions. A business name or trust is not a legal entity and should not be entered in this field as the applicant. Where a person or company operates a business, the applicant is the person or company.

*Example – Jane Bloggs & Joe Bloggs, Joe Bloggs Pty Ltd, Jones Ltd, The Business Inc.*

**Applicant (Entity) Name:**

(Individual/Partnership/Corporation)

**Is the Applicant a Not for Profit (Community, Sporting or Service) Organisation?** ☐ Yes ☐ No

If Yes, please attach a certificate of incorporation to this application

**Applicant Postal Address:**

Does this postal address apply to all Council Departments (i.e. rates, water, permits, animals etc.) ☐ Yes ☐ No

**Applicant Registered Office Street Address:**

*or nominated address if applicant is a Not for Profit Organisation*

**Applicant Phone Number:**

**Applicant Mobile:**

**Applicant Email Address:**

**Applicant Contact Name if not an Individual:**

**For Corporations, please provide the following information. For additional names, please attach.**

**Director Name:**

**Director Address:**

**Director Name:**

**Director Address:**

**For Committees of Incorporated Entities, please attach a list of all current committee members.**

**ACN / ABN:**

(where applicable)

**OFFICE USE ONLY**

☐ Are all sections of the application completed and signed? ☐ Are all the supporting documents attached (see page 2)?

Receipt Type: 780

Fee Paid:

Receipt No:

CSO:

**2. FOOD BUSINESS DETAILS****Current Food Licence No:****Trading Name:** *Park Lane Aged Care Catering*  
(Name of Food Premises)**Site Contact Name:****Food Premises Site Address:****Postal Address:**  
(if different to Applicant)**Site Telephone:****Site Contact Mobile:****Site Email:****3. FOOD BUSINESS ACTIVITIES***(please tick all relevant activities that require you to have an accredited Food Safety Program)***CATERING**

- ☐ Off-site catering
- ☐ On-site catering
- ☐ On-site catering in part of the premises  
(>199 people, 12 times or more per year)
- ☐ Voluntary submission of Food Safety Program

**VULNERABLE POPULATIONS**

- ☐ Childcare facility
- ☐ Aged care facility
- ☐ Delivered meals to vulnerable persons
- ☐ Private Hospital

**4. ADVICE FROM APPROVED AUDITOR** *(optional with submission of Food Safety Program for accreditation or amendment)*

Applications for accreditation of food safety programs can be submitted with written advice from a Queensland Health approved auditor. This advice will assist Council in determining whether your program complies with the *Food Act 2006*. Such advice must be provided on the approved Queensland Health form and must state whether or not the auditor considers that –

- a) the program complies with Section 98 of the *Food Act 2006*; and
- b) implementation of the program is reasonable likely to effectively control the food safety hazards of the food business to which the program relates.

**Advice from approved auditor attached?** ☐ Yes ☐ No**5. AMENDMENT DETAILS** *(please outline amendments to your Food Safety Program below and attach copies of changes)***6. NOTIFICATION OF AUDIT REPORT****Auditors Name:****Approval No.:****Food Business Audited:****Date of Audit:****7. DECLARATION**

I \_\_\_\_\_ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

**Applicant Signature:****Date:**

**Douglas Shire Council – Privacy Collection Notice:** Douglas Shire Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which the council manages personal information is governed by the *Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with the *Local Government Act 2009* so that we can assess and finalise your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

**8. PRESCRIBED FEE (Applicable from 1 July 2023 to 30 June 2024)**

Application for Accreditation of Food Safety Program	\$ 559.00
Application for accreditation of Food Safety Program with external auditor advice	\$ 362.00
Amendment of Food Safety Program – Major	\$ 248.00
Amendment of Food Safety Program – Minor	\$ 0.00